

PART B—ISSUE FEE TRANSMISSION

242-645
5241-15

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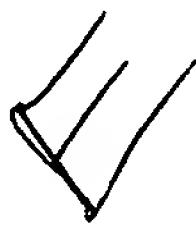
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1. CORRESPONDENCE ADDRESS

B3M1/0507

COOLEY GODWARD CASTRO
HUDDLESON & TATUM
5 PALO ALTO SQUARE
4TH FLOOR
PALO ALTO CA 94306



2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME
Lester F. Ludwig

Street Address
1230 Southdown

City, State and Zip Code
Hillsborough, CA 94010-0007

CO-INVENTOR'S NAME
Emmett R. Burns

Street Address
1555 S. Ely Springs Road

City, State and Zip Code
Jackson, WY 83001

Check if additional changes are enclosed

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/131,523	10/01/93	043	DINH, D	2317 05/07/97
First Name LUDWIG , Applicant		LESTER F.		

TITLE OF INVENTION MULTIMEDIA COLLABORATION SYSTEM ARRANGEMENT FOR ROUTING COMPRESSED AV SIGNAL THROUGH A PARTICIPANT SITE WITHOUT DECOMPRESSING THE AV SIGNAL (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2 79187-0001	395-200-020	M69	UTILITY	YES	\$645.00	08/07/97

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 COOLEY GODWARD, LLP

2 CRAIG P. OPPERMANN

3 _____

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Vicor, Inc.

(2) ADDRESS: (CITY & STATE OR COUNTRY):

505 Hamilton Avenue, Palo Alto, CA 94301 U.S.

A This application is NOT assigned.

Assignment previously submitted to the Patent and Trademark Office.

Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

Issue Fee Advance Order - # of Copies 5

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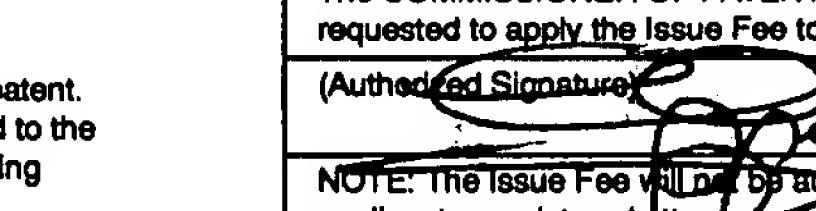
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Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) 

(Date) 5/14/97

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Certificate of Mailing

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05/14/1997 LBERGER 08000297 08131523
01 FC:242 645.00 OP
02 9154 15.00 OP

on: **May 14, 1997**

(Date)

Elaine E. Calimquim

(Name of person making deposit)

(Signature)

(Date)